

Please refer to the following line-by-line instructions for completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For EPA Use Only)

FEB 22 2000

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. Initial Notification

☒B. Subsequent Notification
(Complete Item C)

C. Installation's EPA ID Number

IAD984569319

II. Name of Installation (Include company and specific site name)

Great American Outdoor

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

10100 Dennis Drive

Street (Continued)

City or Town

Urbandale

State

Zip Code

IA 50322-

County Code

County Name

77 Polk

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

10100 Dennis Drive

City or Town

Urbandale

State

Zip Code

IA 50322-

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

Buifflington

(First)

Ed

Job Title

Shop Manager

Phone Number (Area Code and Number)

515-253-9005

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing☒☐

B. Street or P.O. Box

City or Town

State

Zip Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

Don VanHouweling

Street, P.O. Box, or Route Number

PO Box 575

City or Town

Perry

State

Zip Code

IA 50220-

Phone Number (Area Code and Number)

515-465-5681

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

☒

No

(Date Changed)
Month Day Year

04 01 95

RCRIS data entered

by

on

TC Newell
2/22/00



R00157339

RCRA RECORDS CENTER

ID - For Official Use Only

A. Hazardous Waste Activity

- ☐ 5. **Underground Injection Control**

☐ a. Process

☐ b. Re-refine

Please refer to Section V. Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



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C. Owner Type

D. Change of Owner Indicator

(Date Changed)

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Month Day Year

04 01 95

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

A. Hazardous Waste Activity

1. Generator (See Instructions)

- ☐ a. Greater than 1000 kg/mo (2,200 lbs.)
☐ b. 100 to 1000 kg/mo (220-2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs.)

2. Transporter (Indicate Mode in boxes 1-5 below)

- ☐ a. For own waste only
☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see Instructions.

4. Hazardous Waste Fuel

- ☐ a. Generator Marketing to Burner
☐ b. Other Marketers
☐ c. Boiler and/or Industrial Furnace

1. Smelter/Refiner

2. Small Quantity Exemption

Indicate Type of Combustion Device(s)

- ☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace

- ☐ 5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Recycling Marketer

- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

2. Used Oil Burner - Indicate Type(s) of Combustion Device

- ☐ a. Utility Boiler
☐ b. Industrial Boiler
☐ c. Industrial Furnace

3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s)

- ☐ a. Transporter
☐ b. Transfer Facility

4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)

- ☐ a. Process
☐ b. Re-refine

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)

☐

2. Corrosive (D002)

☐

3. Reactive (D003)

☐

4. Toxicity - Characteristic

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(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)

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C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See Instructions.)

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X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Sheri McPherson

Name and Official Title (Type or print)

Sheri McPherson Asst Payroll

Date Signed

2-18-00

XI. Comments

Midwestern Power has moved from
 this Building

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)